CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR C	OMMITTEE		
4-25-10	GARY	1 W NO	EiL		
2.b. IF COMMITTEE, NAME OF CANDIDATE	/			3. ELECTION D	ATE
		-10000000000000000000000000000000000000		5-4-1	0
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State	Zip Code	Phone
A DISTRICT AND A CONTROL OF THE DESTRUCTION OF THE DESTRUCTION	1	on tour	TN	37336	423-344-6422
4.b. CANDIDATE'S HOME ADDRESS (if differen	it than 4.a.)	Sycialor	170	21756	76 3/16/62
Street or Rural Route	City		State	Zip Code	Phone
5. OFFICE SOUGHT (include district number, i	f applicable)	_		TREASURER (ma	y be candidate)
County CommissioNER 1	Distaict 9	Ga	RY WN	EIL	
7. CATEGORY OR REPORT (Check one)			′ 🗆		
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMEN	February 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER			ORTING PERIOD	IAL SOFFLEINENIAL
2-1-10		4-	25-10		
9. (Check one)		· · · · · · · · · · · · · · · · · · ·			
a. This campaign is exempt from detaile					\$1,000 or less AND expendi-
tures total \$1,000 or less for this repo					
b. This campaign is required to file a de and/or expenditures total more than			contributions (i	ncluding in-kind) re	ceived total more than \$1,000
10 live de colombia que es effere that the i	eformation anatolog.	d in this seeses	en formulat di		PROTEST SOL
I/we do solemnly swear or affirm that the in accurate accounting of campaign contributions.	ons and expenditure	es required to be	reported by the	ne candidate comm	nittee by the Campaign
Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other no					for the personal financial
19 191	Farmer Factors and		4	11	
Huy beet	4-25-10		Shy	of political treasure	4-25-10
signature of candidate	date		signature	of political treasure	r date
11. WITNESS SIGNATURE					
11. WITNESS SIGNATURE					
signature of witness	date		signa	ature of witness	date
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT					·
b. TOTAL RECEIPTS THIS PERIOD				\$ 3550	<u>∞</u>
c. TOTAL DISBURSEMENTS THIS PERIOD				s 5376	44
					2422
d. BALANCE ON HAND (12.a. plus 12.b.					•
e. TOTAL LOANS OUTSTANDING	S	S:IIHH	ZUUNAM	4	s_5,500 000
1			c day itti	6	
f. TOTAL OBLIGATIONS OUTSTANDING		MUISSIA	Mico		\$
		MILLI	114		

SUMMARY PAGE - CANDIDATE

12 NAME OF CANDIDATE OF COMMITTEE (In Full)		14 DEPORT COVERING THE DEPLOY						
13. NAME OF CANDIDATE OR COMMITTEE (In Full)		14. REPORT COVERING THE PERIOD FROM: 2-1-10 TO: 4-25-10						
RECEIPTS		2110 4-23-10						
15. CONTRIBUTIONS (other than loans and interest)								
a. Unitemized Contributions (\$100 or less from each source this period)\$								
b. Itemized Contributions (over \$100 from each source this period)\$								
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)\$ _3050 =								
16. LOANS RECEIVED THIS REPORTING PERIOD								
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$0-						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in ite	em 12.b.)	\$ <u>8550.44</u>						
DISBURSEMENTS								
19. EXPENDITURES (other than loan payments)								
a. Expenditures (\$100 or less each payee this period) (must be liste	ed by category - e	e.g., printing, postage, gasoline)						
GRAPHIC EMPRISSIONS	\$ 1200	· e						
Election Commission	\$35	<u> </u>						
GRaphic Impressions	\$ _1138	.21						
Post Master	\$574	1.09						
GRAPHIC IMPRESSIONS	\$ 93	5.25						
GRAPHIC IMPAZZZZIONS	\$ _ 780	6.60						
Post Mastee	\$75	9.29						
Chart Times FREZ PERSS	\$30	0 60						
	\$							
T-1-1-65		. 200						
Total of Expenditures (\$100 or less each payee)								
b. Itemized Expenditures (Over \$100 each payee this period)								
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a.								
20. LOAN REPAYMENTS MADE THIS PERIOD								
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in	n item 12.c.)	\$ 5826.44						
22. IN-KIND CONTRIBUTIONS								
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$\$								
b. Itemized in-kind contributions (over \$100 from each source this period)\$\$								
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (a	dd 22.a. and 22.l	o.)\$\$						
23. OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)\$\$								
b. Itemized Obligations Outstanding (Over \$100 each)\$\$								
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$								

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	RING THE PERIOD			
GARY Nail	TO: 4-25-10			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	3050.00			
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZED CONTRIBUTION (c		100 from any contributor	CONTRACTOR OF THE PARTY OF THE
First Name, LURURR	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name		Primary Election	150,00	
Address 4101 Night Owl	C+.	Runoff (Local Election	s Only)	1 1 2 2 3 3
City Charrance ga	State Zip Code TN 37444	Date of Contribution	Aggregate This Election	
Occupation 970	1.0 13/114	3-23-10	15000	
Employer				150.
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Low Workers Local (Conson Tot Pac	Primary Election	General Election	2000 00
2715 Belle ARBOR	4	Runoff (Local Election	s Only)	
Charrance of	State Zip Code 37 406	Date of Contribution		Aggregate This Election
Occupation	37 106	3-19-10	200000	
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Charles Sialeschki Last Name/Organization Name		Primary Election	General Election	250.5
Address O-	100	Runoff (Local Election	250.	
City,	State Zip Code	Date of Contribution	Aggregate This Election	
Macrison Occupation	TN 37341			
\$**		2-7-1	250,0	
Employer				
First Name	Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization.Name		Primary Election	General Election	
GRIPFIN			General Election	250=
Address		Runoff (Local Election	s Only)	
City	Without Total Control of the Control	Date of Contribution		Aggregate This Election
	State Zip Code	Date of Contribution		AND THE PROPERTY OF THE PROPER
Occupation	State Zip Code		-10	250=
	State Zip Code	3-12	-10	250,5

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE O	OR COMMITTEE		2.	REPORT COVERIN	IG THE PERIOD	
	ences section sole		FF	ROM: 2-1-10	10: 64-25-10	
3. TOTAL ITEMIZED IN-KIN	ID CONTRIBUTIONS FRO	M PRECEDING PA	AGE (enter \$0 if first itemized page)	/	Amount 3.050 = €	
			TRIBUTION (in-kind contributions totaling more	than \$100 from any contril		
First Name	Middle	Name	In-Kind Contribution Received For	r: eneral Election	Value of In-Kind Contribution	
Last Name/Organization Name			Runoff (Local Elections O	1 2007-0	-0-	
Address			Date of In-Kind Contribution	*	Aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer					
First Name	Middle	Name	In-Kind Contribution Received For		/alue of In-Kind Contribution	
Last Name/Organization Name			Primary Election ☐ G ☐ Runoff (Local Elections O	eneral Election	-0-	
Address			Date of In-Kind Contribution	/	Aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer					
First Name	Middle	Name	In-Kind Contribution Received For		Value of In-Kind Contribution	
Last Name/Organization Name			Primary Election ☐ G ☐ Runoff (Local Elections O	eneral Election	-0-	
Address		Date of In-Kind Contribution	3.6.7	Aggregate this Election		
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer					
First Name	Middle	Name	In-Kind Contribution Received Fo		Value of In-Kind Contribution	
Last Name/Organization Name			Primary Election ☐ G ☐ Runoff (Local Elections O	STANDARD CALCADA TO ANNO SECONO	-0-	
Address			Date of In-Kind Contribution	**	Aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution	1		
Occupation	Employer					
=	1					
First Name	Middle N	ame	In-Kind Contribution Received F	1798 H	/alue of In-Kind Contribution	
Last Name/Organization Name			Runoff (Local Elections Or	nly)	-0-	
Address			Date of In-Kind Contribution	P	aggregate this Election	
City	State	Zip Code	Description of In-Kind Contribution			
Occupation	Employer		E E			
5. TOTAL ITEMIZED IN-KII	ND CONTRIBUTIONS					
	page if additional pages of this for contributions, this amount must be		mmary.)		-0-	
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTE	RING THE PERIOD						
GARY NEIL	TO: 4-25-10						
3. TOTAL ITEMIZED CAMPAIGN EXPEND	3050 ×						
4. COMPLETE THE APPROPRIATE ITEMS FO							
First Name	larne Middle Name				Amount of Expenditure		
Last Name/Business Name GRAPHIE IMPRES	Smale						
Address							
2605 E 30+4 ST	State	Zip Code	Advertis		\$12000		
ChartAWOUGA	TN	37407	MOUERTIS.	ING	\$1,200,00		
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	_		7				
ORAphic Impress	1005		-				
2605 E 304 S	S#	T					
City	State 7~	Zip Code	Advert		1188.21		
Chatt ANDOYA	Middle Na	37 40 7 me	Purpose of Expenditure	131109	Amount of Expenditure		
Last Name/Business Name			-				
Post MASTER							
Address							
City	State	Zip Code	1 0,		-7.109		
			Postage		574.09		
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address 2605 1E 30 th	556N	S	_				
City	State	Zip Code	01/		00-25		
Chartpwoods	TN	37407	Adverti	sing	733.		
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address Address	SSION	,	1				
City 2605 K 30 59	State	Zip Code	1 1 1 1		/ 0		
Chaltanooga	TN	37407	Advieti	sing	786.00		
First Name				/	Amount of Expenditure		
Last Name/Business Name							
Address Address							
ity State Zip Code			Postage		759.29		
Α	Note 2p code			2	107.		
5. TOTAL ITEMIZED EXPENDITURES			7				
(Carry forward to item 3. of next page if additional p (If this is the last page of expenditures, this amount		31 (200 (000 00 00 00 00 00 00 00 00 00 00 00					
		and a second of the			2		

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTED 3. COMPLETE THE APPROPRIATE ITEM		ITEMIZ	ZED LOAN	(loans totaling m	ore than \$100	ED	OM.		TO:
Complete the Following for the Source of the L			- 0.55 Williams						
	Name DryNE		(Beginning	Loan Balance of Period)	Loans Receive	to a constitution of	oan ments		standing Loan Balance (End of Period)
Address 10802 Ooltewah Gzer City State George town To	Zip Code 373			y Election (Local Elections	- 500		Date of Los		-10
First Name	Middle Nar	100	0171010 200	First Name	oc is ficcac	a picase attacii	a page)	Middle	Name
Last Name/Organization Name			-	Last Name/Org	anization Nar	me			
Address				Address					
City	State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Guarar	nteed Outstan	ding			
First Name	Middle Name First Name			ne Middle Name					
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City	State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Guarar	iteed Outstan	ding			
First Name	Middle Nan	ne		First Name				Middl	e Name
Last Name/Organization Name				Last Name/Org	anization Nar	ne			
Address				Address					
City	State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding		14.		Amount Guarar	iteed Outstan	ding	100		
First Name	Middle Nan	ne		First Name				Middle	Name
Last Name/Organization Name				Last Name/Org	anization Nar	me			
Address				Address					
City	State	Zip Ci	ode	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Guaran	teed Outstan	ding			
4. Totals for all Loans (complete on last pag (Total loans received should also be shown in item 16	on summary page	e.)		Outstanding Lo (Beginning o		Loans Received	Loa Paym		Outstanding Loan Balance (End of Period)
(Total loan payments should also be shown in item 20 (Total outstanding loan balance should also be shown				550	200	1	d		5500 000

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
THE OF SAME SAME SAME SAME	FROM: TO:					
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	ame				
Last Name/Business Name		Harrier .				
Address			-			
City	State	Zip Code				
Description of Obligation						17
First Name	Middle Na	ame				
Last Name/Business Name			-			
Address						
City	State	Zip Code				
Description of Obligation	J					
First Name	Middle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	ame				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation	M 9:	18				
4. TOTALS (Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.) (Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	column mus	st also be shown				

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